

PART I

Section IV

Consumer Eligibility, Service Definition, and Service Guidelines

For

Prevention Services

**PROVIDER MANUAL
FOR
COMMUNITY MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
ADDICTIVE DISEASES
PROVIDERS
FOR
THE DIVISION OF MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES
AND
ADDICTIVE DISEASES**



JULY 2006

Prevention Services

Service Definition: Prevention is an active process of creating conditions and fostering personal attributes that promote the well being of people (Lofquist 1987). Prevention services aim to create conditions in multiple domains (individual, peer, family, school, community) and foster personal attributes, including building resilience and increasing knowledge and awareness, which promote the well being of individuals and their communities. Prevention services are based on prevention science, which employs a logic model comprising a) a needs assessment, b) planning, c) implementation, and d) evaluation to create and deliver effective programs with positive outcomes. Prevention activities enhance protective factors (resiliency and developmental assets), and reduce those risks and negative factors that place communities and individuals at risk for behaviors and/or problems associated with substance related disorders, violence, and mental disorders.

The Division of MHDDAD is the managing agency and programmatic authority for the delivery of federally and state-funded prevention services in the areas of 1) Substance Abuse Prevention and 2) ATOD and Violence Prevention. Substance Abuse Prevention (SAP) services are funded primarily by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) and The Governor's portion of the US Department of Education's Safe and Drug Free Schools and Communities Program reauthorized as No Child Left Behind, (NCLB) 2001.

Substance Abuse Prevention

MHDDAD seeks to be responsive to CSAP's mission of bringing effective prevention programs to all communities and has, effective 2004, developed the Strategic Prevention Framework, which incorporates SAMHSA's strategic goals in accordance with the *Government Performance Results Act* of 1993 or GPRA. These goals are:

- *Accountability – requiring the evaluation of prevention programs to demonstrate outcomes*
- *Capacity – addressing the specific and immediate prevention service capacity needs*
- *Effectiveness – supporting the identification and promotion of promising and model prevention programs.*

Thus, Prevention services must be research-based and outcomes oriented.

US DOE SDFSC/NCLB funds are to be directed at non-school based prevention programming through the collaboration of community-based organizations. All MHDDAD providers are to develop and implement SAP or ATOD and Violence prevention programs designed to meet

these goals.

The Center for Substance Abuse Prevention (CSAP) regulations stipulate that states and their sub-recipients use SAPTBG funds to support and deliver a range of prevention services and activities in six key primary prevention areas as a part of a comprehensive system for preventing substance abuse. The six areas or primary prevention strategies are directed at individuals not identified to be in need of treatment and include:

- 1) **Information dissemination** to promote awareness of the nature and extent of alcohol, tobacco and drug use, abuse and addiction; its effects on individuals, families and communities, and dissemination is characterized by one-way communication from the source to the audience, with limited interaction between the two. Examples include clearinghouses/information resource centers, media campaigns, and speaking engagements.
- 2) **Education** to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities. Education is characterized by two-way communication, involving interaction between the educator/facilitator and the participant. Examples include children of substance abusers (COSA) groups, classroom educational services, and parenting/family management services
- 3) **Alternatives** to activities involving alcohol, tobacco and other substance use for at risk populations and sub-populations. Examples include alcohol, tobacco and other drug free social/recreational events, community drop-in centers, community service projects.
- 4) **Identification and Referral** of adults, children and adolescents engaged in the illegal/age inappropriate use of tobacco or alcohol, and/or first use of illicit drugs, in order to assess if their behavior can be reversed through education. (*Note: Activities intended to assess treatment needs are not included within this strategy.*) Examples include employee and student assistance programs.
- 5) **Community-Based Process** to build prevention and treatment capacity at the local level, including, interagency collaboration, coalition building and networking. Examples include community development services, community teams/coalitions, and training services.
- 6) **Environmental Strategies** to affect community standards that will result in a reduction of the incidence of the use of alcohol, tobacco and other substances. Strategies include legal and regulatory initiatives, as well as service and action-oriented initiatives. Examples include preventing underage sale of tobacco products (Synar Amendment), establishing ATOD-free school/workplace policies, and changing environmental codes, ordinances, regulations, and legislation.

Violence Prevention

Although current funding targets substance abuse and violence prevention, it is recognized that SAP strategies have been shown to be effective with problems associated with mental illness, mental retardation, some developmental disabilities and delays, and other negative conditions such as crime, teen pregnancy, substance abuse related child abuse and neglect, school failure and homelessness. As a result, MHDDAD seeks to address requirements of the US DOE in the areas of ATOD and violence prevention as an approach to mitigate against the factors that contribute to academic underachievement and promote pro-social development and behaviors.

The Principles of Effectiveness were developed by the US DOE SDFSC to help schools achieve safe learning environments where students are free from fear of violence and influence of drugs. Under Title IV of the NCLB act, local prevention programs and activities are required to meet these principles. This means that the prevention program or activity must:

- Be based on an *assessment of objective data* regarding the incidence of violence and illegal drug use in the elementary schools and secondary schools and communities to be served.
- Be based on an established *set of performance measures* aimed at ensuring that the elementary schools and secondary schools and communities to be served by the program have a safe, orderly, and drug-free learning environment.
- Be based on *scientific research* that provides evidence that the program to be used will reduce violence and illegal drug use.
- Be based on an *analysis of the data* reasonably available at the time, of the prevalence of risk factors, including high or increasing rates of reported cases of child abuse and domestic violence; protective factors, buffers, assets; or other variables in schools and communities in the State identified through evidence-based research.
- Include *meaningful and ongoing consultation with and input from parents* in the development of the application and administration of the program or activity.
- Be *evaluated periodically against locally selected performance measures* and modified over time to refine, improve, and strengthen the program.

Youth violence is a complex public health problem with many risk factors, including individual beliefs and behaviors such as early aggression and use of alcohol or other drugs; family characteristics such as spousal abuse and lack of parental supervision; peer and school influences such as associating with delinquent friends; and environmental factors such as access to firearms. (Dahlberg 1998).

The Centers for Disease Control and Prevention Injury Center promotes the use of four distinct strategies for combating the problem of youth violence.

Parent- and Family-Based Intervention

Parent- and family-based interventions are designed to improve family relations. There is growing evidence that these interventions, especially those that start early and recognize all the factors that influence a family, can have substantial, long-term effects in reducing violent behavior by children. Parent and family-based interventions combine training in parenting skills, education about child development and the factors that predispose children to violent behavior, and exercises to help parents develop skills for communicating with their children and for resolving conflict in nonviolent ways. This type of intervention is ideal for families with very young children and for at-risk parents with a child on the way.

Home-Visiting Intervention

Home-visiting interventions bring community resources to at risk families in their homes. During home visits, intervention staff provides information, healthcare, psychological support, and other services that participants need to function more effectively as parents. These programs have helped improve maternal health and pregnancy outcomes, increase employment and education among young parents, reduce reliance on welfare, improve children's mental and physical health, reduce childhood injuries, and reduce criminal behavior by young people. This strategy is ideally implemented with families who are expecting or have recently had their first child.

Social-Cognitive Intervention

Social-cognitive interventions strive to equip children with the skills they need to deal effectively with difficult social situations, such as being teased or being the last one picked to join a team. They build on the social-cognitive theory, which posits that children learn social skills by observing and interacting with parents, adult relatives and friends, teachers, peers, and others in the environment, including media role models (Bandura 1986). Social-cognitive interventions incorporate didactic teaching, modeling, and role-playing to enhance positive social interactions, teach nonviolent methods for resolving conflict, and establish or strengthen nonviolent beliefs in young people.

Mentoring

Mentoring – the pairing of a young person with a volunteer who acts as a supportive nonjudgmental role model – has been touted by many as an excellent means of providing a child or adolescent with a positive adult influence when such an influence does not otherwise exist. Evidence has shown that mentoring can significantly reduce violent behavior, improve school attendance and performance, decrease the likelihood of drug use, and improve relationships with friends and parents (Sipe, 1996).

A single intervention conducted in isolation is not likely to solve the problem of youth violence as multiple factors contribute to violent behavior. The most effective programs include several complimentary types of interventions. For example, a mentoring program to help teens avoid gang membership may be complemented by an intervention that offers alternative after-school activities.

Mental Health Promotion

Mental health promotion and prevention are best practices for increasing positive functioning and resilience, decreasing the risk of developing mental illness, and facilitating recovery. With this in mind, the National Association of State Mental Health Program Directors (NASMHPD) has adopted SAMHSA/CSAP's Strategic Prevention Framework for the development of policies and practices that will provide:

- *Earliest possible* identification and intervention in mental health problems
- Reduction of the incidence of mental illness and suicide
- Prevention of disability due to mental illness and co-occurring conditions
- Prevention of conditions commonly associated with mental illness including medical illness, substance abuse and trauma

Target Population:	<p>Substance abuse prevention services are based on the Continuum of Care model promulgated by the Institute of Medicine (IOM). This model identifies three target population categories and provides guidance in matching specific prevention programs to each target population according to the needs of the population and the objectives and interventions of the various prevention programs:</p> <ul style="list-style-type: none">▪ Universal programs (e.g. mass media, school-based health curricula) target the general population.▪ Selective programs (e.g. mentoring programs for children with school performance or behavioral problems) target those at higher than average risk for substance abuse. Individuals are identified on the basis of the nature and number of risk factors to which they are exposed.▪ Indicated programs (e.g. parenting programs for parents with substance abuse problems) target those already using substances or engaging in other high-risk behaviors (such as delinquency) to prevent chronic use.
Expected Benefit:	<p><u>Substance Abuse Prevention:</u> This strategic effort is in direct support of National Drug Control Strategy goals: 1) reduce "current use" of illegal drugs by 8th, 10th, and 12th graders by 25% by year end 2010; and 2) reduce "current use" of illegal drugs by young college and working adults, ages 18-25 by 25% by year-end 2010.</p> <p><u>Violence Prevention:</u> The use of prevention strategies that have been shown to reduce these risk factors, and promote protective factors can help reduce the aggressive and violent behaviors seen in schools and communities. Young people can be taught how to avoid violent situations and develop the skills needed to resolve conflicts</p>

	<p>without resorting to violence. Parents can also be supported in providing a nonviolent home. Mentors can serve to provide nonviolent role models.</p> <p><u>Mental Health:</u> The prevention of mental disorders includes interventions before and after the initial onset of a disorder. Interventions targeted to a population (universal, selective) before the initial onset will prevent the occurrence or slow down the progression of the disease. Interventions targeted to a population (indicated) after the initial onset will slow down the progression of the disease, prevent comorbidity, prevent relapse, and decrease the disease burden.</p>	
MHMRIS: Subunit & Modality	<u>Subunit</u> N/A	<u>Modality</u> N/A
UAS: Budget and Expense Categories	<p>850 – Safe and Drug Free Schools and Communities/NCLB 2001 reauthorized</p> <p>880 – Substance Abuse Prevention Services - IOM Populations</p> <p>885 – Substance Abuse Prevention for Children of Substance Abuser’s in RFW Therapeutic CC (IOM Selective Population)</p>	